

constitution, the outlook is good as to the passing of the incident, and suitable manner of life may tend to limit the recurrences, but the underlying make-up remains. How much such people can be educated into self-control and usefulness is not yet demonstrated. As it is, they are misfits in most existing institutions, since they are neither insane nor feeble-minded, and the mainly medical treatment in vogue in sanatoria for nervous diseases often has the effect of confirming notions of invalidism and self-indulgence. The newer strivings after a standardized psychodiagnosis and psychotherapy, amid the mass of ill-supported assumptions and doubtful recommendations, are gradually uncovering useful facts, and hope for the future seems to lie more in the application of what is learned from the study of the psychology of the individual than from the further elaboration of strictly medical treatment. Special institutions, chiefly educational and disciplinary, though always under medical control, would seem to offer the best prospects for making useful citizens out of this large and unfortunate class of the community.

FOR BETTER TREATMENT FOR CRIPPLED CHILDREN

By HARRY LESLIE LANGNECKER, M. D.,
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The adoption and favorable working of the Educational Amendment, which particularly relates to more adequate facilities in the education of these handicapped children in this state, would solve an important problem confronting the people at the present time. Special provision must be made for the education of these children. Because of some physical deformity, attendance at the regular public schools means difficulty in transportation; over-exertion and bodily strain in the use of poorly-adjustable school furniture; insufficient food allowances and the exhausting study periods. Physicians and child welfare workers most emphatically endorse any enactment of reasonable measures which will permit the proper training with the least suffering and hindrance toward the improvement of such deformities. Methods along these lines have been utilized with great benefit in other cities. Therefore, such measures are not in the experimental stage. Your interest and aid in the support of these measures signify the greatest assistance to these crippled children.

EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

By JOHN C. KING, M. D., Banning, Cal.

Some time ago a paper was printed in a prominent medical journal savagely attacking tuberculosis specialists, particularly those who conduct sanatoria. The author, who had attained the rank of Colonel, was a surgeon in the regular army. He claimed he had been examined; pronounced the victim of incipient tuberculosis; sent to a sanatorium for six months and then discharged cured. He further claimed he had never had tuberculosis; that, because of faulty diagnosis, he had been subjected to unnecessary mental distress and financial sacrifice; and furthermore, that a large number of sanatorium inmates are suffering from similar injustice. Twenty years ago

an Indian, named Siguando, came under my care for serious tuberculosis. He had hemorrhages, cavities, fever, T.B. in his sputum. He completely recovered. Every year or two he comes to my office for a chat, and always jokes about my mistake when I pronounced him consumptive, assuming that had I been correct he would have died.

The Colonel and the Indian are about on a par. Many army doctors have accepted the view that the diagnosis of pulmonary tuberculosis must not be made until evident signs appear in the lungs. This may be a wise rule to apply to drafted men, from a government standpoint. However, we have had a number of soldiers in our sanatorium. Roughly speaking, there have been two classes. To illustrate: An enlisted man passed the Los Angeles board, was sent to Camp Kearney, passed again and put to work. In a couple of months he felt run down, reported at sick call, was given a purge and told he was all right. He had difficulty in doing his work, was joked about shirking but strove to keep up. A few weeks later he put up streaks of blood; reported again at sick call, was examined and laughed at. Later he coughed up a tablespoonful or more of blood. He was then examined by several medical officers, told his lungs were sound and ordered back to full duty. Some months later he was discharged because of advanced tuberculosis. When I saw him he was beyond hope. Another, a drafted man, passed a board in Utah, was sent to Kearney, passed there and put to work. Some weeks later a specialist examined him, with a bunch of others. He was ordered to report for further study and a short time after was discharged. After leaving the army his personal physician sent him to me. It required a week's study for me to determine the fact of his tuberculosis. After a few months of careful treatment he recovered. Another example: A physician in Berkeley has for years been sending occasional patients to our sanatorium. With one exception they have all recovered. He has the faculty of making a very early diagnosis. During the same years a professor in one of our leading medical colleges has been sending patients to me. All of them have died. This gentleman is very expert in his own specialty but does not recognize early tuberculosis. The importance of early recognition is obvious. My personal errors have convinced me of the difficulties surrounding this problem.

At the 1919 meeting of the A. M. A. Dr. Geo. T. Palmer read an illuminating paper to which I invite your attention, although most of you must be familiar with it. Palmer claimed that, from the standpoint of preventive medicine, discovery of the organism causing a disease postulates reduction of the prevalence and mortality of that disease. For proof he refers to our great or less control of malaria, diphtheria, typhoid and yellow fever. With the T. B. our experience has been different. It is forty years since the germ was discovered. For thirty years an organized effort has been made to combat it. For fifteen years an intensive crusade against it has been conducted by national, state and local anti-tuberculosis leagues and other agencies. The results have been